	CLAIMS ONLY									Application Am': Filing Date Applicant(s)						
	2 3 4 5	AS	Depend / / / / / / / / / / / / / / / / / / /	I_AMEN	R FIRST DMENT Depend	AFTER AMEI Indep	R SECON YDMENT Depen			•	Depend	ms or am	Depend	Indep	Depend	
	6 7 8 9 10 11 12 13 14 15								65 56 67 58 59 60 61 62 63 64 65							
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26 28 30 31 32 33 34 35 36 37	Z							77 77 77 80 81 82 83 84 85								
38 39 40 41 42 43 44 45 46 47	7							87 88 89 90 91 91 92 93 94 95								
48 49 60 Total Indep Total Depend Total Claims	4	/ /	4	J	-			97 98 99 100 Total Indep Total :	3/35		4					

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